

FORM 0124
Rev. 11-90

WELL PERMIT NO. _____

SFWM D WATER USE PERMIT NO. _____

Owner	Address	City	State	Zip	
Contractor's Signature	License No.	Completion Date	Casing Depth	Total Depth	Well #

TYPE OF WORK: Construct () Repair () Abandon ()
WELL USE: Domestic Well () Public () Monitor () Test ()
Irrigation () Fire Well () Other _____
METHOD: Rotary with MUD () or Air (), Cable Tool (), Jet ()
Casing Driven (), Other _____
STATIC WATER LEVEL _____ Ft. below top of casing
PUMPING WATER LEVEL _____ Ft. after _____ Hrs. at _____ GPM
PUMP SIZE _____ H.P. CAPACITY _____ GPM
PUMP TYPE _____ INTAKE DEPTH _____
From top of ground

Located Near _____

County _____

1/4	1/4	Section	Township	Range
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Latitude-Longitude

Cuttings sent to District? () Yes
() No

LOCATE IN SECTION

Note: PWS Wells attach a site map if well location is different from site location on permit application.

[illegible]

Casing: Black Steel () Galv. () PVC () Fiberglass ()

Screen: Type _____ Slot size _____

Screened from _____ (ft.) to _____ (ft.)

Type of grout with % additives _____

Water: Clear () Colored () Sulphur () Salty () Iron ()

Conductivity _____ Chlorides _____ mg/l